

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							10/555 389				
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		1					53				
4		1					54				
5		1					55				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4	↓	↓	↓	↓	↓	TOTAL IND.	↓	↓	↓	↓
TOTAL DEP.	8	←	←	←	←	←	TOTAL DEP.	←	←	←	←
TOTAL CLAIMS	12	██████████	██████████	██████████	██████████	██████████	TOTAL CLAIMS	██████████	██████████	██████████	██████████